

FILED FEB 11 1942

Registration District No.

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)
In this community 50 Years

3. (a) PRINT FULL NAME Mr. Harry Ritter Meredith

3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-4331

4. Sex Male / race White / 5. Color or White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Flora Meredith
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 4 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 19
If less than one day hr. min.

9. Birthplace Salem Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Broker

11. Industry or business Stocks and Bonds

MOTHER FATHER { 12. Name George Meredith
13. Birthplace Westchester Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Ritter
15. Birthplace Canfield Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Meredith
(b) Address 3220 East 28th Street

17. (a) Burial (b) Date thereof Jan. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director R. H. Muirhead, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-24-42 (b) Dr. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3220 East 28th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
year 1942 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 20 1942 to Jan 23 1942
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
Cerebral atherosclerosis
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury _____
23. Signature Wm. H. Muirhead, Sr. (M. D. or other) M.D.
Address 618 West 28th Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. Hervey Quisenberry

Licensed Embalmer No.....

P. O. Address.....

*4070
N.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.